



**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**

For Ecology Use  
(Date Stamp)

RECEIVED

DEC 19 2012

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with  
County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED 12-19-2012

CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_

DATE ACCEPTED \_\_\_\_\_ BY \_\_\_\_\_

CHANGE NO. CG3-00-1575

COUNTY Grant WRIA 41

SPECIAL AREA OGWMS

SEPA: ☒ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. 001575A PERMIT NO. 001575

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information**

APPLICANT/BUSINESS NAME <u>Todd + Debra Sween</u>	PHONE NO. <u>750-1432</u>	FAX NO.
ADDRESS <u>4432 N Frontage RD W</u>		
CITY <u>Ephrata</u>	STATE <u>WA</u>	ZIP CODE <u>98823</u>
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>SAME</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE



## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <b>QB-1575</b>	RECORDED NAME(S) <b>Todd + Debra Sween</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>well</b>	<b>1</b>	<b>SW</b>	<b>SE</b>	<b>20</b>	<b>19</b>	<b>26</b>		

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<b>A - well</b>	<b>2</b>	<b>SW</b>	<b>SE</b>	<b>20</b>	<b>19</b>	<b>26</b>		
<b>B -</b>	<b>2</b>	<b>SW</b>	<b>SW</b>	<b>17</b>	<b>19</b>	<b>26</b>	<b>140372000</b>	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>IR</b>	<b>400</b>	<b>140</b>	<b>March 1-Oct 31</b>

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<b>IR</b>	<b>A 300</b>	<b>105</b>	<b>March 1-Oct 31</b>
	<b>B 100</b>	<b>35</b>	



## 5. Place of Use:

### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

~~SW~~ SWSE

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	20	19	26	Grant	160393000 160393001	40

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

A 30 AC SW SE 20-19-26 160393000 + 160393001  
B 10 AC SE Corner of SE SW 17-19-26 160372000

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Grant		40

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): state

## 6. Remarks and Other Relevant Information:

Additional acres to develop SE Corner, currently under hay stacks.

2-3 long tower pivot

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.



## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Todd A. Sween

Applicant Printed Name - Title

[Signature]

Applicant Signature

12/19/2012

(Date)

Same

Water Right Holder Printed Name

Same

Water Right Holder Signature

/ /

(Date)

Same

Land Owner of Existing Place of Use Printed Name

Same

Land Owner of Existing Place of Use Signature

/ /

(Date)

Same

Land Owner of Proposed Place of Use Printed Name

Same

Land Owner of Proposed Place of Use Signature

/ /

(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_